

STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
PO BOX 2076
CONCORD, NH 03302-2076
WHISTLEBLOWER'S COMPLAINT FORM

Filed pursuant to RSA 275-E:4 I
COMPLAINANT INFORMATION

Name _____ S.S. No. (optional) _____
Mailing Address _____ Tel. _____
(Street) (City) (State) (Zip)

EMPLOYER INFORMATION

Name of Employer /Company _____
Mailing Address _____
(Street) (City) (State) (Zip)
Employer Representative _____ Tel. _____
Basis of whistleblower's complaint (BE SPECIFIC) _____

Were you discharged? Yes ___ No ___ If Yes, on what date? _____
What date was the alleged discrimination, threat or retaliation against you made? _____
Is there a grievance procedure available at your place of employment? Yes ___ No ___
Did you follow the employer's grievance procedure before filing this complaint? Yes ___ No ___

ATTACH ALL SUPPORTING DOCUMENTS

What relief are you seeking by this action? _____

COMPLETE APPROPRIATE SECTION

I. REPORTING [RSA 275- E: 2 I(a)]

What violation did you report (*including violations concerning the gross mismanagement or waste of public funds, property, or manpower, or evidences an abuse of authority or a danger to the public health and safety*)? _____

What date did you report the alleged violation to the employer? _____
Who violated the law or rule? _____ When? _____ How? _____
To whom did you report this? (Name and Title) _____
If you did not report this alleged violation to your employer, please explain why. _____

How long did you give the employer to correct the alleged violation? _____

II. OBJECTION OR REFUSAL TO PARTICIPATE IN AN ILLEGAL ACTIVITY [RSA 275- E:2 I(b)]

What was the alleged illegal activity in which you were asked to participate? _____
By whom? _____ On what date? _____

III. PARTICIPATION [RSA 275-E:2 I(c)]

Did you participate in an investigation, hearing, inquiry, or court action? Yes ___ No ___
If Yes, which one? _____ On what date? _____ At what agency or court? _____

IV. REFUSAL TO EXECUTE ILLEGAL DIRECTIVE [RSA 275- E:3]

What was the alleged illegal order you were asked to carry out? _____
By whom? _____ On what date? _____

V. PROTECTION OF PUBLIC EMPLOYEES [RSA 275- E:9]

What date did you report the alleged violation of fraud, waste or abuse in the expenditure of public funds or relating to programs and operations involving the procurement of any supplies, services, or construction by governmental entities within the state, to the NHDOL? _____ NHDOL Case #: _____ (required)

CERTIFICATION

I hereby certify that this is a true statement of the facts as is involved in this matter.

Signature _____ Date _____